

Audition Form

(Musical)

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Height: _____ Weight: _____ Hair _____ Eyes _____

Voice: (Soprano/Mezzo/Alto/Tenor/Baritone/Bass) _____

Do you Read Music? _____

Vocal Training/ Experience (Lessons, Ensembles, etc.) Most recent first:

Dance Training/ Experience (Lessons, Companies, etc.) Most recent first:

Theatrical Experience: (If you have a resume and/or photo, please attach) Most recent first:

SHOW	ROLE	THEATRE/DIRECTOR	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

--OVER--

Please list all roles you are interested in:_____

Will you accept any roles offered? Yes_____ No_____

The following is the rehearsal and performance schedule thus far:

Do you have any conflicts during the scheduled rehearsal period?

Yes_____ No_____

If yes, please explain_____

Is there anything else we should know about your schedule?

*****PLEASE DO NOT WRITE BELOW THIS LINE*****